PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax
(571)-273-2885

•				OI AMA (J. 1, 2.0 2000			·
INSTRUCTIONS: This appropriate. All further condicated unless corrected maintenance fee notification.	correspondence including below or directed of	for tran ng the herwise	smitting the ISSI Patent, advance of in Block 1, by (UE FEE and PUBLICA orders and notification of a) specifying a new con	TION FEE (if requ f maintenance fees v réspondence address	ired). I will be ; and/or	Blocks 1 through 5 sl mailed to the current r (b) indicating a sepa	nould be completed where correspondence address as rate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
26735 7590 · 01/17/2008								
OUARLES & BRADY LLP					I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
33 E. MAIN ST, SUITE 900 P.O BOX 2113				S a tu	tates Postal Service values and the Mai ansmitted to the Mai	with sut 1 Stop TO (57	ficient postage for firs ISSUE FEE address 1) 273-2885, on the da	t class mail in an envelope above, or being facsimile ate indicated below.
MADISON, WI 53701-2113					Michael A. Jaskolski			(Depositor's name)
					Mylas	Bal	٢	(Signature)
					0 4.	<u>-14-</u>	08	(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVE		OR ATTORNEY DOCKET NO		RNEY DOCKET NO.	CONFIRMATION NO.
09/524,826 03/14/2000 Paul C. Tang 310265.90261 7757								7757
TITLE OF INVENTION: ELECTRONIC MEDICAL RECORDS SYSTEM WITH ACTIVE CLINICAL GUIDELINES								
•	·		•				•	
APPLN. TYPE	SMALL ENTITY	IS:	SUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES		\$720	\$0	\$0		\$720	04/17/2008
EXAMINER			ART UNIT	RT UNIT CLASS-SUBCLASS				·
GLASS, RUSSELL S			3626 705-003000				. •	
1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list 1. Quarles & Brady LLP								
CFR 1.363). Change of correspondence address (or Change of Correspondence			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,					
Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3 listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)								
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.								
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
Epic Systems Co	orporation		Madison Wisconsin					
Please check the appropriate assignee category or categories (will not be printed on the patent):								
Ha. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Issue Fee Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached.								
				The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number				
Change in Entity Statu	•	•		☐ b. Applicant is no k	nger claiming SMAI	LL ENT	TTY status. See 37 CF	R 1.27(g)(2).
NOTE: The Issue Fee and I	Publication Fee (if requestress of the United State	ired) w	ill not be accepted nt and Trademark	from anyone other than Office.	the applicant; a regi	stered a	ttorney or agent; or the	assignee or other party in
Authorized Signature	M. Gust	al.	Mr.	,	Date Apri	1 14,	2008	
Typed or printed name Michael A. Jaskolski				Registration No. 37551				
his collection of informatin application. Confidentia ubmitting the completed a his form and/or suggestion lox 1450, Alexandra, Vir alexandria, Virginia 22313	ginia 22313-1450. DO	FR 1.31 U.S.C. USPTO den, she NOT S	1. The informatio 122 and 37 CFR D. Time will vary ould be sent to the END FEES OR C	n is required to obtain o 1.14. This collection is a depending upon the inc e Chief Information Offi COMPLETED FORMS	TO THIS ADDRESS	. SEND	to which is to file (and to complete, including on the amount of tim ark Office, U.S. Depaid TO: Commissioner for a world OMP control of the	by the USPTO to process), gathering, preparing, and eyou require to complete tranent of Commerce, P.O. or Patents, P.O. Box 1450,

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.